

## Mosquito Abatement Program

The City of College Station seeks to partner with citizens in an effort to enhance community quality of life, health and welfare of College Station.

The Neighborhood Services Office in cooperation with the Department of Public Works requests the support and cooperation of neighborhoods in eliminating and/or treating standing water to prevent the breeding of mosquitoes, thus lessening the risk of mosquito carried diseases such as West Nile Virus.

The Mosquito Abatement Program (MAP) is designed to assist citizens in preventing mosquito breeding and to grant funds to registered neighborhood and homeowners' associations toward their purchase of mosquito abatement products containing *B.t.i.* 

#### **Grant Eligibility**

A neighborhood or homeowners' association, within the College Station city limits that are registered in the Neighborhood Partnership Program may participate in this program.

#### **Neighborhood Partnership Eligibility**

To be registered in the Neighborhood Partnership Program, a neighborhood must submit adopted bylaws, roster of officers, and neighborhood boundaries to the Neighborhood Services Office.

#### **Grant Amount**

\$200 per calendar year toward mosquito abatement containing B.t.i. and foggers.

#### PLEASE FOLLOW THESE STEPS:

#### 1) Declaration of Participation Form

Eligibility date will be established as the date the association submits a **Declaration of Participation Form and Description of Placement.** 

#### 2) Description of Placement

Simply describe how and where you intend to use the mosquito abatement products on the form and turn this in with your application form.

#### 3) Ordering Products

Neighborhoods are encouraged to research and choose the best source of dunks and foggers.

You may use the <u>enclosed order form if you choose to order them from Westfield Solutions</u> in Waco at wholesale prices.

20 dunks for \$18 (\$.85 a piece) plus tax Make checks payable to: Westfield Solutions, Inc.

You are to use this form and <u>send a check and order form directly to the company.</u> **KEEP A COPY FOR YOUR RECORDS.** All orders received by the company and processed in time, will be <u>delivered to the home of the person that submitted the order</u>. There should be a receipt with your pickup for you to use for submitting a request for reimbursement.

If you order or purchase from another company, just save the receipt and turn it in with your reimbursement request.

#### 4) Reimbursement Request

Submit a **Reimbursement Request Form to** Neighborhood Services noting the following:

- 1.) A **Declaration of Participation and a Description of Placement** must be previously filed with Neighborhood Services.
- 2.) No more than two grant disbursements per association per calendar year.
- 3.) Each request for payment must be <u>signed by the association treasurer and one other</u> <u>officer</u> that are on file with the Neighborhood Partnership Program.
- 4.) Each request for payment must be accompanied by <u>original sales receipt</u> totaling the amount or exceeding the amount requested.
- 5.) Each request for payment should indicate if check should be made <u>payable to</u> an officer, the association, or block club.

#### 5) Program Follow-up

After distribution the **Follow-Up Report should be submitted within 30 days** in order to give the Neighborhood Services Office some feedback about the success and or weaknesses of the program.

#### **Length of Program**

This program is extended to associations as long as funds remain available.

#### **Submit Grant Information to:**

City of College Station Neighborhood Services Coordinator P.O. Box 9960, College Station, TX 77842 Phone 979.764-6262

### **Mosquito Abatement Product Information**

**PRODUCT BRAND NAME:** Mosquito Dunks.

**INGREDIANT DESCRIPTION:** *B.t.i.* (*Bacillius thuringiensis* subspecies *israelensis*), a low toxicity biopesticide that is a live bacteria that is deadly to mosquito larvae, harmless to other living things.

**TARGET PESTS:** Mosquito larva.

**PRODUCT DESCRIPTION:** Small donut shaped and sized objects which release bacteria into water where mosquitoes are breeding. The dunks slowly release a long-term, biological mosquito larvicide at the water's surface for 30 days or longer under typical environmental conditions. This larvicide gradually settles in the water where it is eaten by mosquito larvae. Alternate wetting and drying will not reduce their effectiveness.

**WHERE TO USE IT:** Anywhere. This bacterium will not hurt pets, children, birds or wildlife. Great for use in bird baths, ponds, lakes, swamps, rain barrels, clogged gutters, sewers, meter recesses, old tires, fish ponds, water gardens, planters, flower pot saucers, any where that holds water such as retention ponds, drainage ditches, and slow moving streams.

**RATE OF APPLICATION:** One dunk will cover about 100 sq/ft of surface area. You can break it up if treating small areas. For areas with moving water or where the dunk might wash away in a rain, tie the dunk to a weight or stake it in the ground.



# **Mosquito Abatement Program Declaration of Participation**

| The   |      |
|---|------|
|   |      |
| Name of Association   |      |
| Homeowners' Association   |      |
| Neighborhood Association  |      |
| declares on this date   | e    |
| Month Day   | Year |
| our desire to participate in the City of Col<br>Abatement Program for the calendar year |      |
| Signed by   |      |
| ASSOCIATION OFFICER   | DATE |
| NEIGHBORHOOD SERVICES REPRESENTATIVE  | DATE |



## Mosquito Abatement Program Reimbursement Request

| The  |                           |  |
|--|---------------------------|--|
| Name of Association                            |                           |  |
| Homeowners association                         |                           |  |
| Neighborhood Association                       |                           |  |
|  |                           |  |
| requests on this date                          |                           |  |
| a grant reimbursement from the City of College | ge Station for the amount |  |
| of \$for mosquito abatement pro                | oducts.                   |  |
|  |                           |  |
| Association Tax I.D. # or Social Security # of | f person the check is     |  |
| payable to:                                    |                           |  |
|  |                           |  |
| Please make grant check payable to:            |                           |  |
|  |                           |  |
| NAME   |                           |  |
|  |                           |  |
| MAILING ADDRESS                                |                           |  |
| Signed by                                      |                           |  |
| Signed by                                      |                           |  |
|  |                           |  |
| ASSOCIATION OFFICER                            | DATE                      |  |
|  |                           |  |
| ASSOCIATION TREASURER                          | DATE                      |  |
|  |                           |  |
| NEIGHBORHOOD SERVICES REPRESENTATIVE           | DATE                      |  |



## Mosquito Abatement Program 2011 Product Order Form

#### **Westfield Solutions**

711 Venture Drive Waco, TX 76712 1-800-234-9792

Att: Raymond Prefume

Email:

| Please complete all in           | <u>formation</u>  |
|----------------------------------|---|
| Date of order:                   |   |
| ORDER: # of packages of 20 dunks | $x $18.00$ $\div .9238 = $ Add the Tax GRAND TOTAL              |
|                                  | e to Westfield Solutions, Inc.                                  |
|                                  | L BE DELIVERED DIRECTLY TO THE HOME OF THE SUBMITTED THE ORDER. |
| Name of person ord               | dering:   |
| Address:                         |   |
|                                  |   |
| Phone:                           |   |
|                                  |   |

ASSOCIATION: KEEP A COPY OF THIS ORDER FORM FOR YOUR RECORDS.